

NOTE: PREPARE IN TRIPLICATE AND SUBMIT ONE AND 2 TO AGENCY ARCHIVES THRU DIRECTORATE ARCHIVIST

DIRECTORATE	OFFICE	ARCHIVES TRANSMITTAL NO.
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DATE OF RECORDS _____ THRU _____	TOTAL NUMBER AND TYPE OF CONTAINERS
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CLASSIFICATION (INDICATE IF EXEMPT FROM AUTOMATIC DECLASSIFICATION)

DESCRIPTION OF RECORDS, INCLUDING NAME OF FILE AND FUNCTION(S)

THAT THE RECORDS DOCUMENT

(IF EXTRA SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPERS)

DATE	EXTENSION	SIGNATURE OF RECORDS CUSTODIAN
DATE	EXTENSION	SIGNATURE OF DIRECTORATE ARCHIVIST

DATE RECORDS READ IN ARCHIVES	SIGNATURE OF CHIEF, AGENCY ARCHIVES
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